

NR

FILED
5/16/2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

RECEIVED

MAY 06 2016 AS

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

Andrew James Martin

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

1:16-cv-5057

Judge Robert M. Dow, Jr.

Magistrate Judge Susan E. Cox

PC1

Thomas J. Dart

Supt. Victor Thomas

Cmdr. Tate - Div. 6

Cmdr. Consolino - Div. 6

Sgt. Gray - Div. 6

Sgt. Dubaka - Div. 6

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

Theresa Olson

J. Miller

Cook County Maintenance Department

Jane Doe (s)

John Doe (s)

CHECK ONE ONLY:

AMENDED COMPLAINT

☐ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**
U.S. Code (state, county, or municipal defendants)

☒ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**
28 SECTION 1331 U.S. Code (federal defendants)

☐ **OTHER (cite statute, if known)**

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

Reviewed: 8/2013

I. Plaintiff(s):

- A. Name: Andrew James Merton
- B. List all aliases: N/A
- C. Prisoner identification number: 20151022044
- D. Place of present confinement: Cook County Jail
- E. Address: P.O. Box 089002, Chicago, Illinois 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas J. Dart
Title: County Sheriff
Place of Employment: Cook County Sheriff's Office
- B. Defendant: Victor Thomas
Title: Superintendent - Division 6
Place of Employment: Cook County Jail
- C. Defendant: Tate
Title: Commander - Division 6
Place of Employment: Cook County Jail

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

- ① While I was housed in Division 6, I was subjected to sleep in a cell that was cold, while in segregation, with a temperature of 10°-20° Degrees. I was housed in a cell that felt like an iced box for 6 days. This is why I'm suing: Thomas J. Dart, Supt. Thomas, Cook County Maintenance Department, Cmdr. Concolino, Cmdr. Tate, Sgt. Gray, Sgt. Dubaka, Jane Doe (s) and John Doe (s).
- ② When there was an iced box cell, Supervisors passed out Blankets, and refused to give me Extra Blankets to Accommodate me & the cold. This is why I'm suing: Supt. Thomas, Cmdr. Concolino, Sgt. Gray, Sgt. Dubaka, Jane Doe (s), and John Doe (s).
- ③ I've filed grievances about these Deplorable Living Conditions and was told that work orders was entered to fix Housing / Living Conditions. This is why I'm suing: Cook County Maintenance Department, J. Miller, Cmdr. Tate, Cmdr. Concolino, Theresa Olson, Jane Doe (s) and John Doe (s).
- ④ Maintenance said there was nothing they could do. Division 6 Administration is aware of this inadequate living condition and knows it violates my Eighth and Fourteenth Amendment of the State of Illinois-Bill of Rights and failed to fix Deplorable Living Conditions. This is why I'm suing: Cook County Maintenance Department and Supt. Thomas.

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
- D. List all defendants: N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A
- G. Basic claim made: N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A
- I. Approximate date of disposition: N/A

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

Defendant(s)

Name: D: Commander Consolino

Title: Commander - Division 6

Place of Employment: Cook County Sheriff's Office.

E: Sergeant Gray

Correctional Sergeant - Division 6

Cook County Sheriff's Office

F: Sergeant Dubaka

Correctional Sergeant - Division 6

Cook County Sheriff's Office

G: Theresa Olson

Administrator/Director

Cook County Sheriff's Office

H: J. Miller

Administrator/Director

Cook County Sheriff's Office.

I: Cook County Maintenance Department

Maintenance - Division 6

Cook County Sheriff's Office.

J: Jane Doe (s)

Unknown - Division 6

Cook County Sheriff's Office.

Defendant (s)

K: John Doe (s)

Unknown - Division 6

Cook County Sheriff's Office.

⑤ There is Mold all around the Showers walls, along with Dirt (Black), and the Shower being Unsanitary. This is why Im Suing: Cook County Maintenance Department and Supt. Thomas.

⑥ There was mold all over the walls, by the toilet, and where the water comes out (the faucet). I was Deprived of Drinking water and from using the restroom in my cell. I wrote grievances and requested to be moved and for the mold to be removed and was Denied. This is why Im Suing: Supt. Thomas, Cmdr. Tate, Cmdr. Consolino, Theresa Olson, J. Miller, Jane Doe (s). and John Doe (s).

⑦ Due to Mold I suffered troubles with Breathing, and because of the Inhalation of the mold my Lungs and Asthma became Inflamed. I was Screened by Medical and was given tylenol for the Inflammation and a Swollen throat. This is why Im Suing: Thomas J. Dart, Supt. Thomas, J. Miller, Theresa Olson, Cook County Maintenance Department, Jane Doe(s), and John Doe(s).

⑧ Maintenance came and painted over the Mold. There was mold inside both vents inside the Cell, that brings the smell of mold into the State Air. I complained about these Deficient Living Conditions and got No response. This is why Im Suing: Supt. Thomas, Thomas J. Dart, Cook County Maintenance Department, Jane Doe(s) and John Doe (s).

⑨ I filed grievances about these Deplorable Living Conditions and was told that I didnt have a Choice, Where Im being Housed. This is why Im Suing: Supt. Thomas, Cmdr. Consolino, Cmdr. Tate, J. Miller, Theresa Olson, Jane Doe (s) and John Doe (s).

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I want Compensation of 4 million Dollars for the Physical and mental/emotional Injury(s). and what ever the Court seems deemed or Just.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 3rd day of April, 2016



(Signature of plaintiff or plaintiffs)

Andrew J. Martin

(Print name)

20151022044

(I.D. Number)

Cook County Jail

P.O. Box 089002

Chicago, Illinois 60608.

(Address)

- ⑩ Due to reason 9, I was stuck and had to stay around the mold, which Administration knew it was a unsuitable living conditions: this is why I'm suing: Supt. Thomas, Cmdr. Tate, Cmdr. Consolino, J. Miller, Theresa Olson, Sgt. Gray, Sgt. Dubaka, Jane Doe(s), and John Doe(s).
- ⑪ These living conditions causes lung cancer and poor health and other illnesses. This is why I'm suing: Thomas J. Dart, Supt. Thomas, Cmdr. Consolino, Sgt. Gray, Sgt. Dubaka, Cook County Maintenance Department, Theresa Olson, J. Miller, Jane Doe(s), and John Doe(s).
- ⑫ There has been multiple grievances that has been filed, due to this matter. Administration deliberately left these fatal, inhumane, living conditions the same. This is why I'm suing: Thomas J. Dart, Supt. Thomas, Cmdr. Tate, Cmdr. Consolino, J. Miller, Theresa Olson, Cook County Maintenance Department, Jane Doe(s) and John Doe(s).
- ⑬ With these living conditions, I had racing thoughts, sweaty palms, couldn't sleep, head aches (migraine), heavy breathing, swollen throat, constantly thoughts of me dying, thoughts I was going to die, from me breathing in mold, I thought my lungs was being filled with mold, I felt weak, sometimes I contemplated suicide just to get away from the unsanitary conditions, which cause me to believe I was in fact going to die. This is why I'm suing: Thomas J. Dart, Supt. Thomas, Cmdr. Tate, Cmdr. Consolino, Sgt. Gray, Sgt. Dubaka, Cook County Maintenance Department, Theresa Olson, J. Miller, Jane Doe(s) and John Doe(s).

⑭



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Murfan

PRINT - FIRST NAME (Primer Nombre):

Andrew

INMATE BOOKING NUMBER (# de identificación del detenido)

20151022044

DIVISION (División):

10

LIVING UNIT (Unidad):

2C

DATE (Fecha):

3-10-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

2-21-16

TIME OF INCIDENT (Hora Del Incidente)

10am

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Division 6, Unit 10.

The Maintained Company of Division 6, Violated my State + Constitutional Rights. I have complained + wrote grievances about several problems with the living conditions, in the Units of Division 6. I was told by Director Miller, that Maintance is a separate Problem/Agency + I should contact there Agency/Company. Work orders have been put in about many fatal, deficient, deplorable living conditions + Maintance fails to fix or even come see about these fatal living conditions. My Rights have been violated.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

I would like to know the Agency/Company the Maintance is Employee, but, to file a complaint for Maintance not responding to work orders + Not fixing these fatal living conditions.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

N/A

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

A. G. 3-10-16.

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

J. J. Jones

SIGNATURE:

J. J. Jones

DATE CRW/PLATOON COUNSELOR RECIEVED:

3-11-16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM
 (Petición de Queja del Preso / Respuesta / Forma de Apelación)

☐ GRIEVANCE

☒ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (If applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE // REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____

☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:
(Fecha en que la respuesta fue recibida):
INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

Yes (Si)

No

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o / su designado(a)):

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibió respuesta a su apelación):



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): <i>Morton</i>	PRINT - FIRST NAME (Primer Nombre): <i>Andrew</i>	INMATE BOOKING NUMBER (# de identificación del detenido) <i>20151022044</i>
DIVISION (División): <i>6</i>	LIVING UNIT (Unidad): <i>2B-1</i>	DATE (Fecha): <i>12-13-15</i>

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente) <i>12-13-15</i>	TIME OF INCIDENT (Hora Del Incidente) <i>1pm</i>	SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente) <i>2B-1</i>
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My Cell has Mold In H. Both Vents Inside My cell has Mold that brings the smell of Mold into the stale Air Inside My Cell. This is A Defiant, Deplorable, and Fatal Living Condition. I've spoken to several staff about this living condition, requesting help, but was Denied. This living condition violates My state + U.S. Constitutional Bill of Rights + Amendments. I was told by My Civil Attorney that this Division/Building is condemned + should no one be housed in it. This cell has poor ventilation and has mold around the dayroom as well. My Health is At Risk I have Asthma.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Requesting the Vents be cleaned and checked on A Regular Basis, Also to be Moved to another Division, due to Above Conditions, and to prevent from any other Health Risk while incarcerated at / under CCDOC Custody.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
(Nombre del personal o presos que tengan información:)

N/A

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Andrew Morton *12-13-15*

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print): <i>C. Esquivel</i>	SIGNATURE: <i>C. Esquivel</i>	DATE CRW/PLATOON COUNSELOR RECIEVED: <i>12/16/15</i>
SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):	SIGNATURE:	DATE REVIEWED:


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Aguacil del Condado de Cook)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso/Respuesta/Forma de Apelación)

CONTROL #

2015 X 7218

INMATE INFORMATION

INMATE LAST NAME (Apellido del Preso):

Morton

INMATE FIRST NAME (Primer Nombre):

Andrew

ID Number (# de Identificación):

20151022044

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW/PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170-Living Conditions

IMMEDIATE CRW/PLATOON COUNSELOR RESPONSE (if applicable):

CRW/PLATOON COUNSELOR REFERRED THIS GRIEVANCE/REQUEST TO (Example: Superintendent, Cermak Health Services, Personnel):

06-July

DATE REFERRED:

12 / 13 / 15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Response was provided to all living conditions and was satisfactory. Only one of the living conditions was corrected at the time.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

Morton

SIGNATURE:

B. J. ...

DIV./DEPT.:

DATE:

12 / 13 / 15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DIV./DEPT.:

DATE:

12 / 13 / 15

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:

☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

12 / 22 / 15

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

12 / 22 / 15

INMATE'S BASIS FOR AN APPEAL: (Base del detenido para una apelación):

my health is still being at risk, Administration has been aware of these poor living conditions for a while. There is no treating to the mold in the room, and conditions to be transferred to another division.

ADMINISTRATOR/DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

(¿Apelación del detenido aceptada por el administrador o su designado(a)?)

Yes (Si)

☐

No

☒

ADMINISTRATOR/DESIGNEE'S DECISION OR RECOMMENDATION: (Decision o recomendación por parte del administrador o su designado(a):)

Response stands. Submit health request form for medical concerns.

ADMINISTRATOR/DESIGNEE (Administrador o su Designado(a)):

Theresa ...

SIGNATURE (Firma del Administrador o su Designado(a):)

DATE (Fecha):

12 / 22 / 15

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE

(Fecha en que el preso recibió respuesta a su apelación):

1 / 5 / 2016



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

CONTROL #

INMATE ID #

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (! Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☐ SUPERINTENDENT: _____
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

Morton

PRINT - FIRST NAME (Primer Nombre):

Andrew

INMATE BOOKING NUMBER (# de identificación del detenido)

20151022044

DIVISION (División):

6

LIVING UNIT (Unidad):

1P

DATE (Fecha):

1/22/16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is administratively determined to be processed as a non-grievance request, it will not be assigned a control #, nor can it be appealed or remedies exhausted, however, an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request, or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

1/22/16

TIME OF INCIDENT (Hora Del Incidente)

9pm

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

Cell 17, of 1P.

my cell temperature is so cold. My cell feels like on ice box. I've been housed in this cell for 6 days. I've complained about the room temperature and filed grievances about this deplorable living condition. There is no sign of any heat in my cell. This is cruel & unusual punishment. My rights are being violated. my cell feels like its at least 10°-20° Degrees. Since being in this cell a work order was put in but maintenance came & said its nothing they could do.

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Investigation be conducted about the coldness and room temperature. To be Moved to another Tier, Also for an investigation to be conducted about the Ventilation System. Also that Cell 17, of 1P be shut down until problem is fixed or corrected.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

N/A

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

A. J. Jones 1/25/16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

A. J. Jones

SIGNATURE:

A. J. Jones

DATE CRW/PLATOON COUNSELOR RECEIVED:

1/25/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2015 X 7488

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Morton

INMATE FIRST NAME (Primer Nombre):

Andrew

ID Number (# de identificación):

20151022044

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170 - Living Conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

See attachments regarding previous living conditions grievance 2015 7218.

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

06 Sept.

DATE REFERRED:

10 / 24 / 15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Personnel handling grievance will be notified, inmate will be notified.

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

Cook County Sheriff's Office

6

12 / 31 / 15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

INMATE SIGNATURE (Firma del Preso):

x [Signature]

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

4 / 5 / 16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): 1 / 5 / 16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

The response to grievance # 2015-7218. Cmdr. gave the same response which was about 1/2 month ago. Saying the issues is being address.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

Original Response to G.O.

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

[Signature]

[Signature]

1 / 12 / 16

INMATE SIGNATURE (Firma del Preso):

[Signature]

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el Preso recibió respuesta a su apelacion):

1 / 16 / 16



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

GRIEVANCE

NON-GRIEVANCE (REQUEST)

Code 170.

CONTROL #

INMATE ID #

20160303

665991

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
- ☐ GRIEVANCE
- ☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
- ☒ SUPERINTENDENT: 06 Sept.
- ☐ OTHER: _____

INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1-13-16

11am

Living Condition of 2C

WE AS A PEOPLE (PER SIGNATURE) OF 2(C) DIV 6 WAS MOVED ALL TO 10(D) DIV 6 1-13-16

WE IS NOT IN OPERATIONAL CONDITION HOWEVER 2C/10(D) 1/13/16 2C-30

NOT WORKING, SOME HOT WATER, NOT WORKING, AND NOT TO MENTION CELLS ARE

ICE COLD, SOME ARE HOT, AND A FEW ARE BROKEN, WE SHOULD NOT HAVE TO

SLEEP WITH THERMALS ON OR ALMOST NUDE. COCUC BOOK STATES THAT WE ARE

TO HAVE OPERATING NON-HAZARDOUS LIVING CONDITIONS THIS IS A LEGAL RIGHT OF INMATES

ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

Detainees to be Moved to another Tier. Also for an investigation to be

Conducted, about the living conditions. Also for Sanitation to be

Notified. But for the inmates to be Moved to a Better Living Unit.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS INICIALES PARA SUMITIR SU FORMA)

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Please Refer to Attachment

[Signature]

1-14-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECIEVED:

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

20160383

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

INMATE FIRST NAME (Primer Nombre):

ID Number (# de identificación):

Morton

Andrew

20151022044

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170- Living Conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

RESPONSE BY PERSONNEL HANDLING REFERRAL:

INMATES HAVE NO INDIVIDUAL RIGHT TO SELECTIVE HOUSING. ~~INMATE~~ REFERRAL
 GRIEVANCE TO DFM FOR ADJUDICATION AND WORK ORDER PLACEMENT
 TO ADDRESS ALLEGED DEFICIENCY

PERSONNEL RESPONDING TO GRIEVANCE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

CONSOLINO

[Signature]

6

1/20/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

☐ GRIEVANCE SUBJECT CODE: _____☐ NON-GRIEVANCE SUBJECT CODE: _____

[Signature]

1/22/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud del la apelacion del detenido): 1/22/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelacion):

Work orders has been put in. How long
 do we need to give Mantance a Chance to Fix Problems that has
 already aware of. Requesting that I would be Transferred to
 a different Protective Custody Division. Also Problems to be fixed & corrected.

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o/su designado(a)?

Yes (Si)

No

☐☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendacion por parte del administrador o / su designado(a)):

Inmate has been relocated to IC - Work Orders pending
 by Fox Mung. - NOT CCSC/CCOC control

ADMINISTRATOR / DESIGNEE (Administrador o / su Designado(a)):

SIGNATURE (Firma del Administrador o / su Designado(a)):

DATE (Fecha):

J. Mueller

[Signature]

02/02/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:
(Fecha en que el Preso recibio respuesta a su apelacion):

[Signature]

2/19/16

20160383

pg 2 of 2

Witness

Inmate #:	665991
CODE:	170

Name	I.D. #	Living Unit
1. JASON WALKER	20150813171	2A-17
2. Rayshon Ellis	20150723236	2C-19
3. Demetrious Chambers	20151119070	2C-20
4. Dantrell Moore	20150502139	2C-5
5. Kenneth Williams	201411-2014-9	1C-18
6. Tyler Butler	201512/6/93	1C-18
7. Charles Chew	20140136074	1C-11
Jesse Hall	20151022114	1C-21
Cameron Winfield	20141129192	1C-21
William Sibley	2015-1204059	1C-13
Antonio Heron	20140916003	2C-7
Matthew Clark	2015-011-5211-209	
Deon Nichols	20150914112	1C-4
Miguel Pico	2013-0908116	2C/1C-7
Joshua Tucker	2015-0823219	2C/1C-2
Tim Kelley	2015-0904204	2C/1C-58
Bryan Priddy	2015-0623041	25/16-510
J. Robinson	2015-0909207	2C/1/1
Dwight Coverson	2015-1213112	1C/Rm 10
Ryan Riccio	2016-0104045	1C/Rm 12
Darruck Eubanks	20150819239	1C Rm 11
Kristian Ode	20151002272	1C Rm 13

Department of Health and Human Services
233 North Michigan Ave Suite 1300
Chicago, Illinois 60601
(312) 353 - 5160
www.hhs.gov

Department of Housing and Urban
Development
77 West Jackson Blvd. 26th Floor
Chicago, Illinois 60604
(312) 353-5680
www.hud.gov

Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210
(866) 4USADOL
www.usdol.gov

Department of Justice
950 Pennsylvania Ave., NW
Washington, DC 20530
(202) 514-2000
www.usdoj.gov

Department of Veterans Administration
2122 West Taylor Street
Chicago, Illinois 60612
(800) 827 - 1000
www.va.gov

Equal Employment Opportunity
Commission
500 West Madison Street Suite 2000
Chicago, Illinois 60661
(800) 889 - 4000
www.eeoc.gov

Federal Bureau of Investigation
Chicago Division

2111 West Roosevelt
Chicago, Illinois 60608
(312) 421 - 6700
www.chicago.fbi.gov

Social Security
77 West Jackson Blvd. Room 300
Chicago, Illinois 60604
(800) 772 - 1213
www.ssa.gov

United States Bankruptcy Court for the
Northern District of Illinois
219 South Dearborn
Chicago, Illinois 60604
(312) 435-5694
www.ilnb.uscourts.gov
United States Court of Appeals
for the Seventh Circuit
219 South Dearborn Room 2722
Chicago, Illinois 60604
(312) 435 - 5850

United States District Court for the
Northern District of Illinois
219 South Dearborn
Chicago, Illinois
(312) 435 - 5670
www.ilnd.uscourts.gov

APPENDIX: SAMPLES OF FORMS AND LOCAL RULES

- **MAP OF THE NORTHERN DISTRICT OF ILLINOIS**
- **APPEARANCE FORM**
- **CIVIL COVER SHEET**
- **SUMMONS**
- **NOTICE OF LAWSUIT AND WAIVER OF SERVICE**
- **WAIVER OF SERVICE**
- **MOTION FOR ATTORNEY ASSISTANCE**
- **IN FORMA PAUPERIS PETITION**
- **COMPLAINT OF EMPLOYMENT DISCRIMINATION**
- **COMPLAINT OF VIOLATION OF CONSTITUTIONAL RIGHTS**
- **NOTICE OF MOTION AND CERTIFICATE OF SERVICE**
- **USM FORM 285 (SERVICE OF PROCESS BY U.S. MARSHAL)**
- **LOCAL RULES 5.2 - 5.4**
- **LOCAL RULE 78**
- **RULE 4 OF THE FEDERAL RULES OF CIVIL PROCEDURE**


COOK COUNTY SHERIFF'S OFFICE
 (Oficina del Alguacil del Condado de Cook)

INMATE GRIEVANCE FORM
 (Formulario de Queja del Preso)

pg 1 of 2

GRIEVANCE

NON-GRIEVANCE (REQUEST)

code 170

CONTROL #

INMATE ID #

20160383

665991

! THIS SECTION IS TO BE COMPLETED BY INMATE SERVICES STAFF ONLY ! (I Para ser llenado solo por el personal de Inmate Services !)

GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE
☒ GRIEVANCE
☐ NON-GRIEVANCE (REQUEST)

REFERRED TO:

- ☐ CERMAK HEALTH SERVICES
☒ SUPERINTENDENT: 06 Sept
☐ OTHER: _____

INMATE INFORMATION (información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

PRINT - FIRST NAME (Primer Nombre):

INMATE BOOKING NUMBER (# de identificación del detenido)

Morton

Andrew

20151022044

DIVISION (División):

LIVING UNIT (Unidad):

DATE (Fecha):

6

2C

1-14-16

INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.
- Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through: the use of an Inmate Grievance Request/Response/Appeal Form.
- When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the response is deemed unsatisfactory.
- Only one (1) issue can be grieved per form.
- Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.
- Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o Apeladas a través del uso del Formulario de Quejas/Respuesta/Forma de Apelación.
- Cuando una Queja se procesa como una QUEJAS NO (PETICION), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.
- Sólo una queja por formulario

DATE OF INCIDENT (Fecha Del Incidente)

TIME OF INCIDENT (Hora Del Incidente)

SPECIFIC LOCATION OF INCIDENT (Lugar Especifico Del Incidente)

1-13-16

11am

Living Condition of 2C

WE AS A PEOPLE (PER SIGNATURE) OF 2(C) DIV 6 WAS MOVED ALL TO 1(C) DIV 6 1-13-16
 1(C) IS NOT IN OPERATION FOR LIVING. THERES MOLD (BLACK) EVERY WHERE FOUNTAINS
 NOT WORKING, SOME HOT WATER, NOT WORKING, AND NOT TO MENTION CELLS ARE
 ICE COLD, SOME ARE HOT WHICH MEANS SOMETHING IS BROKEN WE SHOULD NOT HAVE TO
 SLEEP WITH THERMALS ON OR ALMOST NUDE. COOC BOOK STATES THAT WE ARE
 TO HAVE OPERATING NON-HAZARDOUS LIVING CONDITIONS THIS A LEGAL RIGHT OF INMATES
 ACTION THAT YOU ARE REQUESTING, THIS SECTION MUST BE COMPLETED (Acción que esta solicitado, Esta sección debe completarse)

For the Per Signature
 Detainees to be Moved to another Tier. Also for an Investigation to be
 Conducted, about the living Conditions. Also for Sanitation to be
 Notified. But for the Inmates to be Moved to a Better Living Unit.

IF YOU HAVE ELECTED TO SUBMIT YOUR GRIEVANCE FORM MORE THAN 2 DAYS SINCE WRITING AND/OR DATING IT ORIGINALLY, YOU WILL BE ASKED TO REVISE THE
 DATE AND INITIAL TO ACCURATELY REFLECT THE DAY YOU CHOSE TO SUBMIT THE FORM.

(SI ELEGIDO PRESENTAR SU QUEJA MÁS DE 2 DÍAS ANTES QUE CUANDO LA ENTREGO Y LE PUSO LA FECHA DESDE UN PRINCIPIO, ES NECESARIO QUE CAMBIE LA FECHA Y INCLUYA SUS
 INICIALES PARA SUMITIR SU FORMA)

 NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:
 (Nombre del personal o presos que tengan información:)

INMATE SIGNATURE AND DATE: (Firma del Preso/Fecha):

Please Refer to Attachment.

AA 1-14-16

SUPERINTENDENT/DIRECTOR/DESIGNEE OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT,
 AND EMERGENCY GRIEVANCES. IF THE INMATE GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW/PLATOON COUNSELOR (Print):

SIGNATURE:

DATE CRW/PLATOON COUNSELOR RECEIVED:

A. Jones

[Signature]

1/15/16

SUPERINTENDENT/DIRECTOR/DESIGNEE (Print):

SIGNATURE:

DATE REVIEWED:



COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

Inmate #: 665991

CODE: 170

INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2016 0393

INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Morton

INMATE FIRST NAME (Primer Nombre):

Andrew

ID Number (# de identificación):

20151022044

GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL & RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

170 - Living Conditions

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

1/15/16

RESPONSE BY PERSONNEL HANDLING REFERRAL:

INMATES HAVE NO INDIVIDUAL RIGHT TO SELECTIVE HOUSING. ~~INMATE~~ REFERRAL
 GRIEVANCE TO DPM FOR ADJUDICATION AND WORK ORDER RECOMMENDATION
 TO ADDRESS ALLEGED DEFICIENCY

PERSONNEL RESPONDING TO GRIEVANCE (Print):

CONSOLNO

SIGNATURE:

DIV. / DEPT.

6

DATE:

1/20/16

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.

DATE:

1/1

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE:☐ NON-GRIEVANCE SUBJECT CODE:

INMATE SIGNATURE (Firma del Preso):

DATE RESPONSE WAS RECEIVED:

(Fecha en que la respuesta fue recibida):

1/23/16

INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

1/22/16

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

work orders have been put in. How long
 do we need to give Mantance a chance to fix problems that they
 are already aware of. Requesting that I would be transferred
 to a different protective custody division.

 ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?
 ¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

☐

No

☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

Inmate has been relocated to IC - Work Orders pending
 by POC Mang. - Not CCO/CCOC control

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

J Mueller

SIGNATURE (Firma del Administrador o su Designado(a)):

DATE (Fecha):

02/02/16

INMATE SIGNATURE (Firma del Preso):

DATE INMATE RECEIVED APPEAL RESPONSE:

(Fecha en que el preso recibió respuesta a su apelación):

2/19/16